

DEBRA ANNE FLYNN BUCHANAN, ADMINISTRATRIX OF THE ESTATE OF MAVIS FLYNN, GRANTOR

TO

CORRECTIVE WARRANTY DEED

CHRIS FOWLER, GRANTEE

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable legal consideration, the receipt and sufficiency of which is hereby acknowledged, the Grantor, DEBRA ANNE FLYNN BUCHANAN, ADMINISTRATRIX OF THE ESTATE OF MAVIS FLYNN, hereby sell, convey, and warrant unto the Grantee, CHRIS FOWLER, an individual, the land in DeSoto County, Mississippi, being more particularly described as follows:

Lot 2889, Section N, Southaven West Subdivision, Section 26, Township 1 South, Range 8 West, in DeSoto County, Mississippi as shown on plat of record in Plat Book 5, Page 8 and 9, in the Office of the Chancery Clerk of DeSoto County, Mississippi, to which plat reference is made for a more particular description.

By acceptance of this Deed, the parties agree that this conveyance is made subject to subdivision, health department, zoning and other regulations in effect; restrictive covenants of the subdivision; and rights of way and easements for public roads, flowage, and utilities. The warranty in this deed is subject to any prior conveyance or reservation of minerals of every kind and character, including but not limited to current or prior owners. No such reservation is made by Grantor herein however with this conveyance. Taxes for 2007 paid by the Grantee when due when the actual ad-valorem tax bill is rendered. Possession is to be given upon delivery of this Deed.

By way of explanation, George Thomas Flynn and Mavis Flynn held title to this property as tenants by the entirety. George Thomas Flynn departed this life on March 9, 1996. Mavis Flynn departed this life following her husband on December 17, 2000. Mavis Flynn left as her heirs at law her daughter, Debra Anne Flynn Buchanan and her son, Garry Olgesby. Garry Olgesby departed this life on August 3, 2002, leaving no wife or

Richard Himes Jr
5350 Poplar Ave Ste 400
Memphis TN 38119

5 0

children. Debra Anne Flynn Buchanan is granting this Warranty Deed as the only surviving heir of George Thomas Flynn and Mavis Flynn and as the Administratrix of the the Estate of Mavis Flynn.

By way of explanation, this Corrective Warranty Deed is being signed to correct the Grantor's status as Administratrix of the Estate of Mavis Flynn.

EXECUTED this the 27 day of March, 2007.

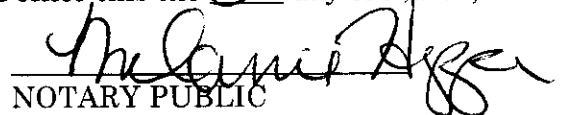


DEBRA ANNE FLYNN BUCHANAN,
ADMINISTRATRIX OF THE ESTATE
OF MAVIS FLYNN, GRANTOR

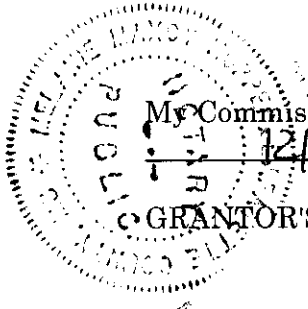
STATE OF MISSISSIPPI
COUNTY OF DESOTO

This day personally appeared before me, the undersigned authority in and for said County and State, the within named DEBRA ANNE FLYNN BUCHANAN, ADMINISTRATRIX OF THE ESTATE OF MAVIS FLYNN, who acknowledged signing and delivering the above and foregoing Corrective Warranty Deed on the day and year therein mentioned as a free and voluntary act and deed and for the purposes therein expressed.

GIVEN under my hand and official seal of office this the 27 day of March, 2007.



NOTARY PUBLIC



My Commission Expires:

12/04/09

GRANTOR'S ADDRESS:

168 Hassel Road, Coldwater, MS 38618

Home #: 662-622-3712 Bus #: n/a

GRANTEE'S ADDRESS:

1597 Wood Lane Drive, Olive Branch, MS 38654

Home #: 901-508-5540 Bus #: n/a

Prepared by:

Walker, Brown & Brown, P. A.

P. O. Box 276

Hernando, MS 38632

(662) 429-5277

(901) 521-9292

STATE OF TENNESSEE
Office of Vital Records

002774

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

97.1

PERMITS
FOR AN
EIGHT
TWO
HOURS
HANDBOOK

DECEDENT

16

NR

1

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

24

CAUSE OF DEATH

25

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1. DECEDENT'S NAME (First, Middle, Last) **GEORGE THOMAS FLYNN**

2. SEX **MALE**

3. DATE OF BIRTH (Month, Day, Year) **MARCH 9, 1996**

4. SOCIAL SECURITY NUMBER **414-18-4032**

5. AGE (Years) **77**

6. DATE OF DEATH (Month, Day, Year) **JUNE 15, 1998**

7. PLACE OF BIRTH (City and State or Foreign Country) **MEMPHIS, TN.**

8. PLACE OF DEATH (City and State or Foreign Country) **MEMPHIS, TN.**

9. MARITAL STATUS (Married, Widowed, Divorced, Single) **MARRIED**

10. SURVIVING SPOUSE (If wife, give maiden name) **MAVIS IRENE FARRIS**

11. DECEDENT'S USUAL OCCUPATION (Give sort of work done during most of working life. Do not use retired) **MAIL CARRIER**

12. KIND OF BUSINESS/INDUSTRY **U.S. POSTAL SERVICE**

13. RESIDENCE STATE **MS.**

14. COUNTY **DESOTO**

15. CITY, TOWN, OR LOCATION **SOUTHAVEN**

16. STREET AND NUMBER OR RURAL LOCATION **1937 MERRIMAC COVE**

17. INDEED CITY **38671**

18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if Yes, specify Cuban, Mexican, Puerto Rican, etc.) **Yes**

19. RACE (American Indian, Black, White, etc.) **WHITE**

20. DECEDENT'S EDUCATION (Specify only highest grade completed) **11 (GED)**

21. FATHER'S NAME (First, Middle, Last) **THOMAS FLYNN**

22. MOTHER'S NAME (First, Middle, Last) **ELSIE SWATHEMAN**

23. INFORMATION (Name, Title, Phone) **MAVIS IRENE FLYNN**

24. RELATIONSHIP TO DECEDENT **SPOUSE**

25. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **1937 MERRIMAC COVE SOUTHAVEN, MS. 38671**

26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **FOREST HILL SOUTH CEMETERY**

27. LOCATION (City or Town, State) **MEMPHIS, TN.**

28. SIGNATURE OF FUNERAL DIRECTOR **LARRY HARVEY**

29. LICENSE NUMBER OF FUNERAL DIRECTOR **4164**

30. SIGNATURE OF EMBALMER **WILLIAM JOYNER III**

31. LICENSE NUMBER OF EMBALMER **4341**

32. NAME AND ADDRESS OF FUNERAL HOME **FOREST HILL FUNERAL HOME 2545 E. HOLMES RD. MEMPHIS, TN. 38118**

33. LICENSE NUMBER OF FUNERAL HOME **920**

34. SIGNATURE AND TITLE OF REGISTRAR **Nasir Haque**

35. DATE SIGNED (Month, Day, Year) **APR 23 1996**

36. SIGNATURE AND TITLE OF MEDICAL EXAMINER **DR. NASIR HAQUE**

37. LICENSE NUMBER **MD27101**

38. DATE SIGNED (Month, Day, Year) **4/16/96**

39. NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type, Print) **DR. NASIR HAQUE 4250 FARONIA MEMPHIS, TN. 38116**

40. IMMEDIATE CAUSE (Final disease or condition) **Metastatic Adenocarcinoma to liver**

41. DUE TO (OR AS A CONSEQUENCE OF) **Cardiorespiratory failure**

42. CAUSE (Underlying) **CHF**

43. DUE TO (OR AS A CONSEQUENCE OF) **ASHD**

44. OTHER SIGNIFICANT CONDITIONS contributing to death, but not resulting in the underlying cause, given in Part I.

45. WAS AN AUTOPSY PERFORMED? **Yes**

46. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH? **Yes**

47. MANNER OF DEATH **Natural**

48. DATE OF INQUIRY (Month, Day, Year)

49. TIME OF INQUIRY

50. INQUIRY AT WORK? **Yes**

51. DESCRIBE HOW INQUIRY OCCURRED

52. PLACE OF INQUIRY (Home, farm, street, factory, office, building, etc. (Specify))

53. LOCAL LAW ENFORCEMENT (City or Town, State)

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Sharon M. Leinbach
STATE REGISTRAR

Cassandra L. Brown
Local Registrar
Shelby County

DEC 08 2006
Date Issued



STATE OF MISSISSIPPI

BK 552 PG 781

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDSTYPE OR PRINT
WITH BLACK INKFILING
DATE

JAN 25 2001

CERTIFICATE OF DEATH
STATE OF MISSISSIPPISTATE FILE
NUMBER 123-

DECEASED

1. NAME First Middle Last MAVIS FLYNN	2. SEX FEMALE	3a. HOUR OF DEATH 11:11P	3b. DATE OF DEATH (Month, Day, Year) DECEMBER 17, 2000				
4. RACE (Specify White, Black, American Indian, etc.) WHITE	5a. AGE AT LAST BIRTHDAY 78 Years	5b. MOS (1-4)	5c. DAYS (5-31)	5d. HOURS (1-23)	5e. MINS (0-59)	6. DATE OF BIRTH (Month, Day, Year) JUNE 12, 1922	7a. COUNTY OF DEATH DESOTO
7b. CITY OR TOWN OF DEATH SOUTHAVEN	7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) BAPTIST HOSPITAL-DESOTO 17B	7d. IF IN HOSP. OR INST. SPECIFY INST. CLIN. EMER. RM. OR DOA INPT.	8. STATE OF BIRTH TN.				
9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary School (0-12) 9	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	11. SURVIVING SPOUSE (If wife, give maiden name) N/A	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) NO				
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN	14. SOCIAL SECURITY NUMBER 414-26-8519	15a. USUAL OCCUPATION (Kind of work done) HOMEMAKER	15b. KIND OF BUSINESS OR INDUSTRY OWN HOME				
16a. RESIDENCE - STATE MS	16b. COUNTY DESOTO	16c. CITY OR TOWN SOUTHAVEN	16d. INSIDE CITY LIMITS (Specify Yes or No) YES	16e. STREET AND NUMBER OR RURAL LOCATION 1937 MERRIMAC COVE			
17. FATHER - NAME First Middle Last ROSCOE MOSS FARRIS, SR.	18. MOTHER - NAME First Middle Maiden LOTTIE IRENE STEWART						
19a. INFORMANT - NAME (Type or print) LANEY FLYNN	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 5281 LAKE RIDGE DR. APT. 2D, SOUTHAVEN, MS 38671						
20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	20b. CEMETERY, CREMATORY - NAME FOREST HILL SOUTH	20c. LOCATION (City and State) MEMPHIS, TN.	21a. EMBALMER - SIGNATURE AND NUMBER ROY BLAYLOCK 3586				
21b. FUNERAL HOME - NAME AND MISSISSIPPI ID NUMBER FOREST HILL SOUTH 920	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2545 E. HOLMES ROAD, MEMPHIS, TN 38118						
22a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) JOHN BLACK, M.D.	22b. PRONOUNCED DEAD (Month, Day, Year) ON DECEMBER 17, 2000	22c. PRONOUNCED DEAD (Hour) 11:11P					
23a. CERTIFIER - NAME (Type or print) JEFFERY POUNDERS, CORONER	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 POUNDERS RD., NESBIT, MS. 38651						
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE 24b. DATE SIGNED (Month, Day, Year) 24c. STATE LICENSE NUMBER 15810 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)	24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE 24f. TITLE 24g. DATE SIGNED (Month, Day, Year) Jan. 15, 2001						
25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) RENAL FAILURE DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) HYPERTENSION DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c)	Interval between onset and death Interval between onset and death Interval between onset and death						
26. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: 26a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 26b. DATE OF INJURY (Month, Day, Year) 26c. HOUR OF INJURY 26d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED 26e. INJURY AT WORK (Yes or No) 26f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) 26g. LOCATION Street or route number City or town State	27. AUTOPSY (Yes or No) NO 28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) YES						

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICERNita Cox Gunter
STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

TYPE OR PRINT WITH BLACK INK		FILING DATE		CERTIFICATE OF DEATH STATE OF MISSISSIPPI		STATE FILE NUMBER	
DECEASED If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items For RESIDENCE items, enter actual location of home rather than mailing address		1. NAME First Middle Last GARRY OLGESBY		2. SEX MALE		3a. HOUR OF DEATH 3:06A m.	
		3b. DATE OF DEATH (Month, Day, Year) AUGUST 03, 2002		4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 48 Years	
		5b. MOS 5c. DAYS		5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year) Feb. 7, 1954	
		7a. COUNTY OF DEATH DESOTO		7b. CITY OR TOWN OF DEATH SOUTHAVEN		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either one, street address, route number or other location) BAPTIST HOSPITAL-DESOTO 17B	
		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER., RM. OR DOA INPT.		8. STATE OF BIRTH TN		9. DECEDENT'S EDUCATION (Specify only highest grade completed) 12 (0-12)	
		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never Married		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12. WAS DECEASED EVER U.S. ARMED FORCES? (Yes or No) No	
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 408-15-7963		15a. USUAL OCCUPATION (Kind of work done most of working life) Disabled		15b. KIND OF BUSINESS OR INDUSTRY Disabled	
16a. RESIDENCE-STATE MS		16b. COUNTY Desoto		16c. CITY OR TOWN Southaven		16d. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16e. STREET AND NUMBER OR RURAL LOCALITY 1937 Merrimac Cove		17. FATHER-NAME First Middle Last George T. Flynn		18. MOTHER-NAME First Middle Last Mavis Irene Farris			
PARENTS		19a. INFORMANT-NAME (Type or print) Debbie Buchanan		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1937 Merrimac Cv., Southaven, MS 38671			
INFORMANT		20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY-NAME Forest Hill South		20c. LOCATION (City and State) Memphis, TN	
DISPOSITION		21a. EMBALMER-SIGNATURE AND NUMBER William Joyner III 4341		21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER Forest Hill South 920		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2545 E. Holmes Rd., Memphis, TN 38118	
PRONOUNCEMENT		22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) JOHN BLACK, MD		22b. PRONOUNCED DEAD (Month, Day, Year) AUGUST 03, 2002		22c. PRONOUNCED DEAD (Hour) AT 3:06A	
CERTIFIER		23a. CERTIFIER-NAME (Type or print) EDWARD GBEMUDU, MD		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 6953 OAK FORREST RD, OLIVE BRANCH, MS 386			
Mississippi State Board of Health Form No. 511 Revised 1-1-89		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE [Signature] MD		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE [Signature]			
		24b. DATE SIGNED (Month, Day, Year) 9/8/02		24c. STATE LICENSE NUMBER 16826		24f. TITLE	
		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24g. DATE SIGNED (Month, Day, Year)			
CAUSE OF DEATH		25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) Hypoxia (b) Aspiration PNEUMONIA (c) Aspiration		Interval between cause and death			
Conditions, if any, which gave rise to immediate cause stating the underlying cause last		26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause		27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)	
		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY m.	
Had Decedent been Pregnant Within 90 Days Prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	
		29g. LOCATION		Street or route number		City or town State	

INSTRUCTIONS

- This certificate should be completed using a typewriter.
- The institution where death occurs must complete items 1, 3, 7 and 22 and retain the pink copy.
- The certifier must complete the "Certifier" and "Cause of Death" sections, forward the certificate to the funeral director within 3 days, and keep the blue copy for his records.
- The funeral director should complete all remaining items and file the certificate with the State Board of Health within 5 days of death.
- The yellow copy may be used as a burial-transit permit if the certificate has been completed and signed prior to transit.